



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF HEALTH  
DIVISION OF HEALTH ENGINEERING  
RADIATION CONTROL PROGRAM**

Radioactive Materials Licensees Information Request Form

NAME:  
ORGANIZATION:  
ADDRESS:

Information desired:

- |  |   |
|--|---|
| <input type="checkbox"/> All Materials Licensees | <input type="checkbox"/> Academic                       |
| <input type="checkbox"/> Medical Broad Scope     | <input type="checkbox"/> Medical Limited Scope          |
| <input type="checkbox"/> Mobile Nuclear Medicine | <input type="checkbox"/> Teletherapy                    |
| <input type="checkbox"/> Veterinary              | <input type="checkbox"/> Nuclear Pharmacy               |
| <input type="checkbox"/> Fixed Gauges            | <input type="checkbox"/> Portable Gauges                |
| <input type="checkbox"/> Irradiators             | <input type="checkbox"/> Manufacturing and Distribution |
| <input type="checkbox"/> Industrial Radiography  | <input type="checkbox"/> Research and Development       |
| <input type="checkbox"/> Other _____             |   |

Format desired: ☐ Hard copy

- ☐ 3 1/2" Floppy Disk
- ☐ Word (.doc)
  - ☐ Excel (.xls)
  - ☐ Text (.txt)
  - ☐ HTML

Cost per copy: **\$30.00**

Quantity desired: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

**PLEASE** make check *payable* to: Treasurer State of Maine and mail to:

**Department of Human Services  
Division of Health Engineering  
Radiation Control Program  
11 State House Station  
Augusta, ME 04333-0011**

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